Effective on 12/08/2004.					Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					cation Number	10/588,13			
FEE TRANSMITTAL					Date	7/31/2006			
For FY 2009					Named-Inventor-				
					iner Name	Konata M			
Applicant claims small entity status. See 37 CFR 1.27				Art U		1616			
TOTAL AMOUNT OF PAYMENT (\$) 555.00					Attorney Docket 5038 -		51693		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
FILING FEES SEARCH I						TION FEES			
				Small Entity	Fee (\$)	Small Entity Fee (\$)	Fee	s Paid (\$)	
Application Typ	<u>See (\$)</u> 330	Fee (\$) 82	540	<u>Fee (\$)</u> 270	220	110	1	5 1 11.0 (10)	
Utility	220	110	100	50	140	70			
Design					170	85	Approximate the control of the contr		
Plant	220	110	330	165					
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0	***************************************		
2. EXCESS CLAIM FEES							Fac (4)	Small Entity Fee (\$)	
Fee Description Fee Labelian and 20 (including Reignage) 52								26	
Each claim over 20 (including Reissues)							220	110	
Each independent claim over 3 (including Reissues)							390	195	
Multiple dependent		n		m - (e)	For Doid (\$)		*	e Dependent Claims	
Total Claims	Claims - 20 or HP Extra Claims Fee		<u>Fee (\$)</u>	Fee Paid (\$)		Fee (\$			
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims	- 3 or HP	Extra Cla		<u>Fee (\$)</u>	Fee Paid (\$)				
HP = highest number	r of independent cla	ims paid for, if	X greater than						
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE									
If the energification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under									
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.									
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
Total Sheets - 100 = Sheets Number of each additional 50 or fraction thereof Fee (5) Fee Faid (5) - 100 = Sheets Number of each additional 50 or fraction thereof Fee (5) - 100 = Sheets Sheets									
Foce Poid (\$)									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 3-Month Extension									
SUBMITTED BY		1 .	10	I i	Registration No				
Signature	1) ln	hard	h/h		Attorney/Agent		Telephone	412-471-8815	
Name (Print/Type) Richard L. Byrne Date February 17, 2009									